

CROW TRIBE EXECUTIVE BRANCH

DEPARTMENT OF ENROLLMENT & PER CAPITA

P.O. BOX 159
CROW AGENCY, MT 59022

Proof of Descendancy Application

These forms are a part of a packet used to apply for Descendant Status for those individuals who have ancestors who are enrolled in the Crow Tribe. While Descendant Status **does not** entitle an individual to the same benefits as Crow Tribal Members, such as Per Capita payments and Tribal ID's, it does give an individual access to certain other benefits, such as those provided by Indian Health Services (for more information, please see Resolution 2000-43). Individuals who are determined through the Enrollment process to be of at least 1/32 (or 16/512) Crow blood according to the 1953 Census will be eligible for Descendant Status (for more information, please see Ordinance 53-22).

DIRECTIONS: This application contains three components that need to be completed to the best of your knowledge. Each component contains its own set of directions; please read and follow them carefully to facilitate the application process. **Applications that are submitted with inadequate information or missing components will not be considered.** In order for an application to be acceptable, the following components must be included:

- Completed Descendancy Application Checklist, signed and dated by applicant or legal guardian if applicant is a minor
- Identification and Contact form
- Family tree, reaching back five generations (applicant's great-great-great grandparents)
- Proof of Paternity, applicable only in cases where ancestors were not married
- Certified copy of Applicant's birth certificate

If you have questions while completing this application, please direct your questions to the Enrollment & Per Capita Department, which can be reached through the following means:

Phone: 406-679-3218

Email: Enrollment@crow-nsn.gov

Thank you,

Derek Big Day, Director
Enrollment & Per Capita Department

Proof of Descendancy Application | Checklist

DIRECTIONS: As the applicant (or applicant's parent/legal guardian) completes the components of this application, please initial in the corresponding fields below in the "Checklist" section. Once all fields have been initialed to indicate completion, the applicant (or applicant's parent/legal guardian) must sign and date the "Acknowledgement" section to confirm that the information provided in this application is true.

Checklist	
Component	Initials (to indicate completeness)
Identification and Contact	
Family Tree	
Certified Copy of Applicant's Birth Certificate	
Proof(s) of Paternity (if applicable)	
Acknowledgement	
I certify that all required components, document, and information is enclosed as part of this application and is true to the best of my knowledge. I also understand that if the application is incomplete, the Enrollment & Per Capita department has the right to not process this application.	
(SIGNATURE OF APPLICANT -OR- PARENT/LEGAL GUARDIAN)	(DATE)

Proof of Descendancy Application | Identification and Contact

DIRECTIONS: The applicant (or applicant's parent/legal guardian) must complete this component. When completing the form, be sure to include enrollment/identification (ID) numbers where applicable. The names of the applicant's mother and father in this component must match those on the applicant's birth certificate. Pursuant of Ordinance 53-22, blood quantum and eligibility for enrollment or Descendant Status cannot be determined through adoption; please include only ancestors to whom the applicant is a blood relation.

Section A: Identification		
1. Applicant Name (FIRST — M.I. — LAST)		2. Date of Birth (MM/DD/YYYY)
		3. Place of Birth (E.G. ST. VINCENT HEALTHCARE)
4. Sex: Male or Female	5. Social Security Number	
6. Father's Name	7. Father's Crow Enroll # (WRITE N/A IF NOT APPLICABLE)	8. Mother's Tribe Affiliation (WRITE N/A IF NOT APPLICABLE)
9. Mother's Name	10. Mother's Crow Enroll # (WRITE N/A IF NOT APPLICABLE)	11. Mother's Tribe Affiliation (WRITE N/A IF NOT APPLICABLE)
Section B: Contact		
1. Mailing Address		
1a. Street or P.O. Box #	1b. City	1c. State
1d. Zip Code		
2. Street Address (if different from Mailing Address)		
2A. Street #	2b. City	1c. State
2d. Zip Code		
3. Home Phone	4. Cell Phone	5. Email Address
Section C: Acknowledgement		

I hereby acknowledge that the above and attached information is true and correct to the best of my knowledge.

(SIGNATURE OF APPLICANT OR PARENT/LEGAL GUARDIAN)

(DATE)

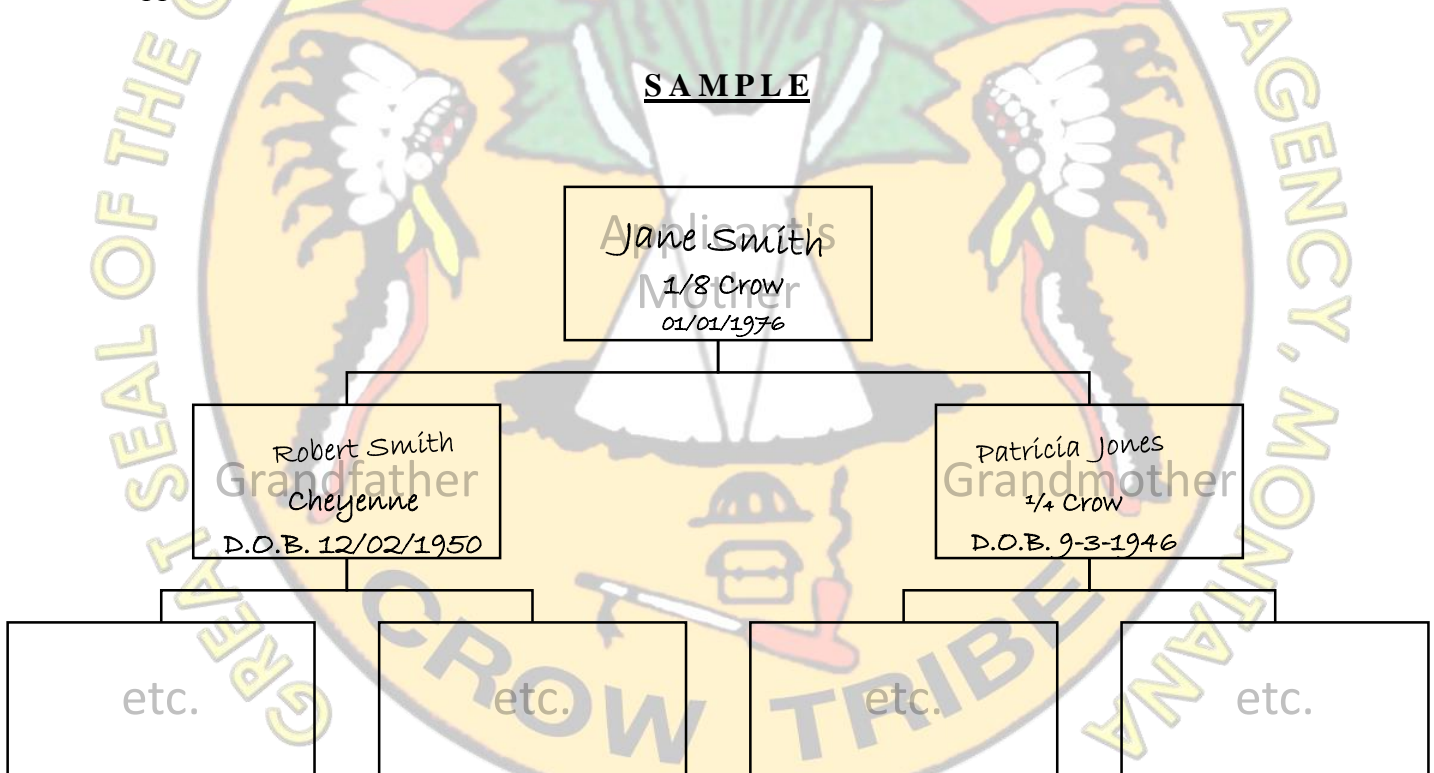
Proof of Descendancy Application | Family Tree

DIRECTIONS: The applicant is eligible for Descendant Status if the applicant possesses 1/32 Crow blood.

To complete these family trees:

- Write the name and tribe affiliation(s) for each of the applicant's ancestors in the provided corresponding spaces provided
- Write the Date of Births and Crow Blood Quantum according to the 1953 Census for those ancestors believed to be enrolled members of the Crow Tribe.

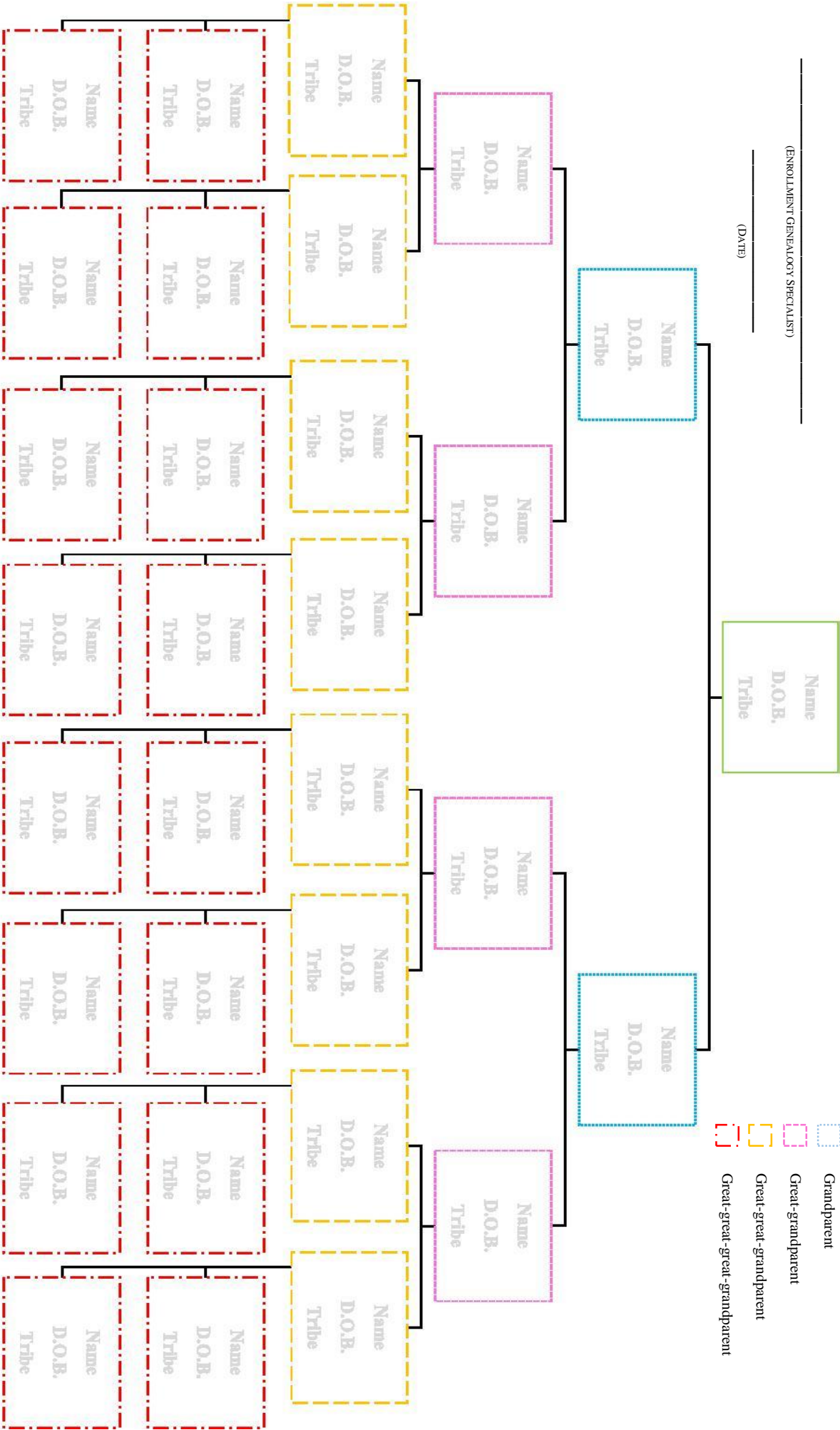
Notice that there are two family trees in this component of the application: one for the applicant's biological mother and one for the applicant's biological father. Complete each family tree beginning with the applicant's parent. Bear in mind that the applicant's likelihood of acceptance into Descendant Status increases with the greater amount of information provided. Doing so will facilitate the application process. **The Enrollment & Per Capita Department is unable to research ancestry before 1938.** A sample is provided below for a fictitious applicant's maternal ancestors.



Please complete both the maternal and paternal family trees on the next page.

I CERTIFY THAT THE BLOOD DEGREES SHOWN HERE
ARE IN ACCORDANCE WITH THE 1953 BASE ROLL.

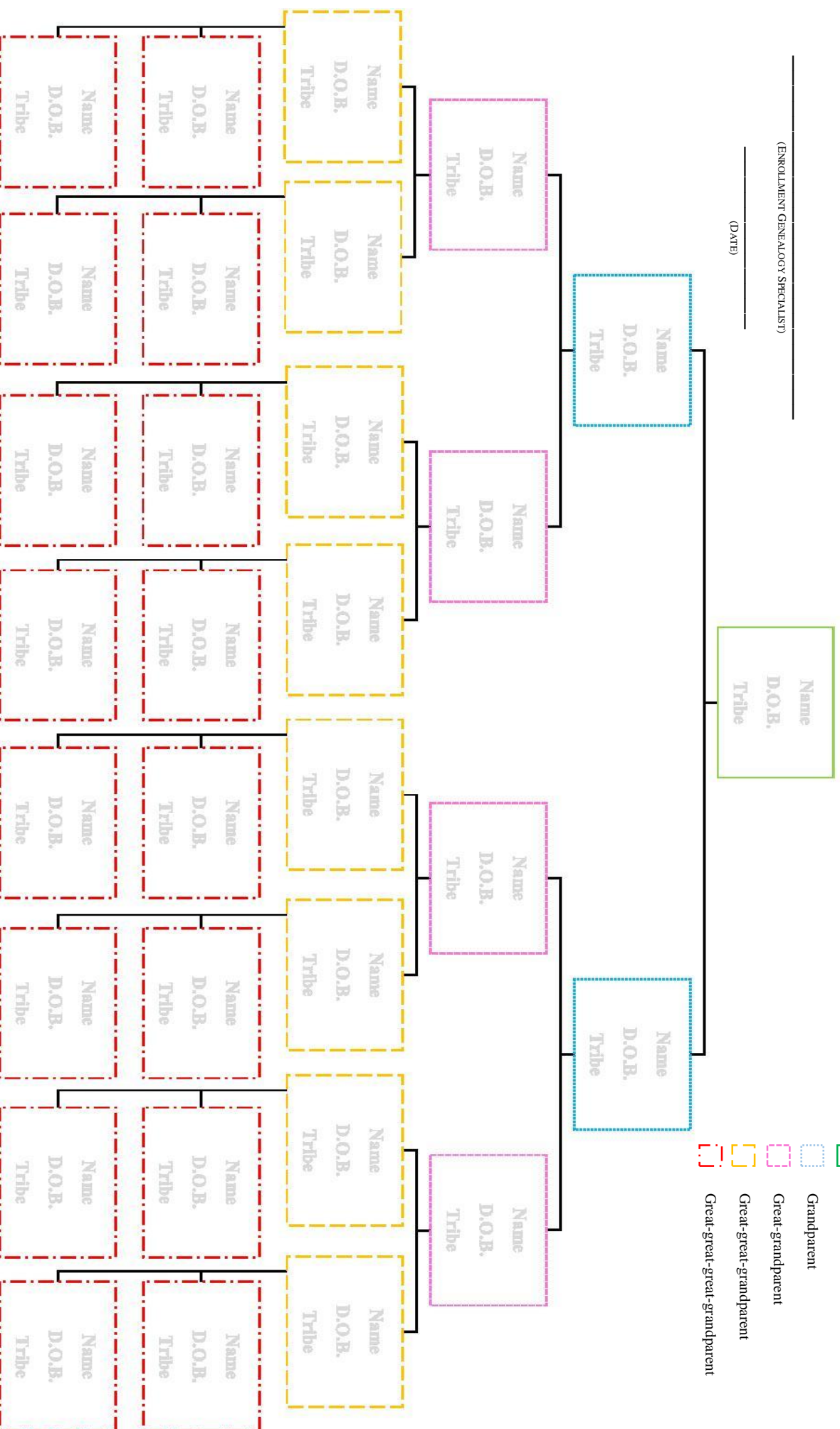
Applicant's Father's Family Tree



Applicant's Mother's Family Tree

The following box outlines indicate the ancestor's relationship to the applicant:

(DATE)



Proof of Descendancy Application | Paternity Acknowledgement

DIRECTIONS: This form is used to provide further evidence that the applicant is the biological child of Crow Tribe members and is applicable to those applicants whose parents were not legally married at the time of the applicant's birth and/or to those applicants whose biological father is not listed on the applicant's birth certificate. If **Section A¹** is completed by the applicant's father within six (6) months of the applicant's birthdate, no DNA testing is required. However, if completed after six (6) months of the applicant's birthdate, a DNA test is required (paid for by the applicant) and must be submitted with this application. Without a father on the birth certificate or **Section A¹** completed, the applicant's blood quantum will be calculated through the applicant's mother only. **Section B¹** must be completed by the applicant's mother. **Sections A² and B² must be completed by a notary public.**

Section A¹: Acknowledgement of Paternity

I, _____ **HEREBY ACKNOWLEDGE THAT I AM THE FATHER OF** _____
(APPLICANT'S FATHER'S NAME) (APPLICANT'S NAME)
BORN TO _____ **AT** _____ **ON** _____,
(APPLICANT'S MOTHER'S NAME) (LOCATION OF BIRTH: CITY, COUNTY, STATE) (APPLICANT'S DATE OF BIRTH)
AND I REQUEST THAT THIS INFORMATION BE ADDED TO THE BIRTH CERTIFICATE FOR MY ABOVE-NAMED CHILD.

(APPLICANT'S FATHER'S SIGNATURE)

Section A²: Notary (must be completed)

STATE OF _____ **WITNESS my hand and official seal**
COUNTY OF _____
ON _____ **BEFORE ME,** _____
(DATE) (NOTARY)
PERSONALLY APPEARED, _____
(SIGNERS)
PERSONALLY KNOWN TO ME BY _____

Section B¹: Acknowledgement of Maternity

I, _____ **HEREBY ACKNOWLEDGE THAT I AM THE MOTHER OF** _____
(APPLICANT'S MOTHER'S NAME) (APPLICANT'S NAME)
BORN ON _____ **AT** _____ **AND FURTHER STATE THAT**
(APPLICANT'S DATE OF BIRTH) (LOCATION OF BIRTH: CITY, COUNTY, STATE)
_____ **IS THE ABOVE-NAMED CHILD'S FATHER AND REQUEST HE BE ADDED TO THE BIRTH CERTIFICATE**
(APPLICANT'S ALLEGED FATHER'S NAME)

(APPLICANT'S MOTHER'S SIGNATURE)

Section B²: Notary (must be completed)

STATE OF _____ **WITNESS my hand and official seal**
COUNTY OF _____
ON _____ **BEFORE ME,** _____
(DATE) (NOTARY)
PERSONALLY APPEARED, _____
(SIGNERS)
PERSONALLY KNOWN TO ME _____

Proof of Descendancy Application | Decision

ENROLLMENT OFFICE USE ONLY		
Application Complete or Incomplete	Date Entered	Enrollment Staff — Print Name and Sign
COMMENTS: 		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> ACTION TAKEN (CIRCLE ONE): </div> <div style="width: 30%; text-align: center;"> Incomplete </div> <div style="width: 30%; text-align: center;"> Tabled </div> <div style="width: 30%; text-align: center;"> Approved </div> <div style="width: 30%; text-align: center;"> Disapproved </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> _____ (DIRECTOR OF ENROLLMENT) </div> <div style="width: 30%;"> _____ (ENROLLMENT STAFF) </div> <div style="width: 30%;"> _____ (BIA REPRESENTATIVE) </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> _____ (ENROLLMENT COMMITTEE) </div> <div style="width: 30%;"> _____ (ENROLLMENT COMMITTEE) </div> <div style="width: 30%;"> _____ (ENROLLMENT COMMITTEE) </div> </div>		
Date of Descendancy Confirmation: _____		Degree of Quantum: _____
Descendant Number: <u>202D</u>		